

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/519,549 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	51				51				
1					52				
2					53				
3					54				
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44					95				
45					96				
46					97				
47					98				
48					99				
49					100				
50					TOTAL IND.				
TOTAL IND.						↓			↓
TOTAL DEP.		19	18	19			↓		↓
TOTAL CLAIMS		20	19		TOTAL IND.				
						←	←	←	